Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 8100	155			Report		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:	D	ISTRI	ст со	UNCIL 4	7								
Street Address:	1606 WALNU	Γ														
City:	PHILADELPHI	4					State:	PA			Zip Cod	ie: 19	9103			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PE PRIMARY	RE-	2.	30 DA		POST-	3.		AMENDM REPORT		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY P ELECTION	RE-	5.	30 DA	• • • •	POST-	6.		TERMINA REPORT		Yes	No	`	
report type)	ANNUAL REPORT	7.	Year 2016				NG METHO				PAPER	DISKE	TTE			
Name of Office S	Sought by Candida	te:	•		•		DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count Code	у
	,						МО	DAY	YE	AR	rumber	couc	DEN	1	51	
							11		8	2016		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY YEA	AR			МО	DAY	YE	AR	FOR OFFICE USE ONLY					
Expenditures	s trom:		5 17	20	16 T	0	9		19	2016						
A. Amount Bro	ught Forward Fror	n Last R	eport			\$			3,1	30.28						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sch	ned	ule I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			3,1	.30.28						
D. Total Expend	ditures (From Sch	edule II	I)			\$			3,0	01.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$			1	29.28						
F. Value Of In-	Kind Contributions	Receiv	ed (From Sched	lule	e II)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\$				0.00			•			
			AF	FI	DAVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	. If	this is	a Car	ndidate re	eport, o	andio	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached schedu	les f	filed on	paper	or by elect	ronic m	edium,	are to t	he best o	f my kno	wledge	and belie	ef , tru	e,
Sworn to and subs	cribed before me this day of	•	20						s	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu	re				- -					Prin	ted Name	e			-
My Commission Ex	cpires										Ema	il				-
	мо	D	AY Y	'R				Are	ea Cod	е	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized Con	nmi	ttee, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowl	edge and belief th	nis p	olitical	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	. 1333,	
Sworn to and subsc	ribed before me this									s	ignature o	of Candid	ate			-
	day of					_					Printe	d Name				-
	Signature					-										╻┃
My Commission Exp	_										Ema	il				
	мо	D	AY	ΥR		-		Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DISTRICT COUNCIL 47	From:	<u>5/17/2</u>	016 To :	9/19/2016
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	g Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize on with an aggregate val								
Name of Filing Comm	ittee or Candidate		Re	Reporting Period					
			From: To			o:			
					DATE			AMOUNT	
Full Name of Contribution	ng Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
	•					-	Г	PAGE TOTAL	

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL\$ 0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee of Candidate			Rep Fro					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fron	n:		To) :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE TOTAL
							\$	0.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period	d	
DISTRICT COUNCIL 47	From:	<u>5/17/2016</u> To:	<u>9/19/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
DISTRICT COUNCIL 47	From	<u>5/17/2016</u>	То:	9/19/2016
		DATE		AMOUNT

				DATE			AMOUNT	
To Whom Paid COMMITTEE TO RE-ELECT JOHN TAYL	.OR		мо	DAY	YEAR			
Mailing Address C/O T. TSUCALAS	1600 WALNUT ST. ST	E305	9	12	2016	\$	140.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103	Descrip FUNDR	otion of Exp	penditure			
To Whom Paid THE FRIENDS OF COUNCILMAN CURT	IS JONES JR.		МО	DAY	YEAR			
Mailing Address 100 SOUTH BROA	D STREET		6	23	2016	\$	1,000.00	
City PHILADELPHIA PA Zip Code (Plus 4) PA 19110			Descrip FUNDR	otion of Exp	penditure			
To Whom Paid COMMITTEE TO RE-ELECT JOHN TAYLOR			мо	DAY	YEAR			
Mailing Address C/O T. TSUCALAS	1600 WALNUT ST. ST	E305	6	21	2016	\$	80.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103	Descrip FUNDR	otion of Exp	penditure			
To Whom Paid THE NEW LOU & CHOO'S			МО	DAY	YEAR			
Mailing Address 2101 WEST HUNT	ING PARK AVE		6	16	2016	\$	141.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19140	Descrip FUNDR	otion of Exp	penditure			
To Whom Paid CITIZENS FOR DARRELL L. CLARKE		_	МО	DAY	YEAR			
Mailing Address 140 S. BROAD ST			6	20	2016	\$	500.00	
City PHILADELPHIA State Zip Code (Plus 4) PA 19102			Descrip FUNDR	otion of Exp	penditure			

To Whom Paid CITIZENS FOR CHENELLE PARKER			МО	DAY	YEAR		
Mailing Address P. O. BOX 27647			8	11	2016	\$	500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19118	Description of Expenditure FUNDRAISER				
To Whom Paid FRIENDS OF SHARIF STREET			МО	DAY	YEAR		
Mailing Address 1421 SUSQUEHANNA ST.			8	17	2016	\$	500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19121	Description of Expenditure FUNDRAISER				
To Whom Paid COMMITTEE TO RE-ELECT JOHN TAYLOR			мо	DAY	YEAR		
Mailing Address 7702 CASTOR AVENUE 2ND FLOOR			9	12	2016	\$	140.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19152	Description of Expenditure FUNDRAISER				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	PAGE TOTAL 3,001.00